

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE
UNITED STATES SAVINGS BONDS

Series EE

PRINT IN INK OR TYPE

1. BRANCH OF SERVICE		2. SOCIAL SECURITY NUMBER		3. PAY GRADE (Military Only)	
4. NAME			5. DEPT/AGENCY/DUTY STATION		6. DUTY PHONE NO.
<input type="checkbox"/> A New Allotment		<input type="checkbox"/> B Increase Allotment		<input type="checkbox"/> C Change Denomination	
<input type="checkbox"/> D Change Inscription		<input type="checkbox"/> E Other Action/ Safekeeping			
(If you checked A, B, or C above, complete the following)		AMOUNT TO BE ALLOTTED EACH PAY PERIOD (For allotment option, see your canvasser or payroll office)		BOND DENOMINATION (Cost Price)	
		\$		<input type="checkbox"/> \$100 (\$50)	<input type="checkbox"/> \$200 (\$100)
				<input type="checkbox"/> \$500 (\$250)	<input type="checkbox"/> \$1,000 (\$500)

Face Value \$100 - Cost \$50		Face Value \$200 - Cost \$100		Face Value \$500 - Cost \$250		Face Value \$1,000- Cost \$500	
Deduction	Plan	Deduction	Plan	Deduction	Plan	Deduction	Plan
\$5.00	10	\$10.00	10	\$25.00	10	\$50.00	10
\$6.25	8	\$12.50	8	\$31.25	8	\$62.50	8
\$10.00	5	\$20.00	5	\$50.00	5	\$100.00	5
\$12.50	4	\$25.00	4	\$62.50	4	\$125.00	4
\$25.00	2	\$50.00	2	\$125.00	2	\$250.00	2
\$50.00	1	\$100.00	1	\$250.00	1	\$500.00	1

BOND INSCRIPTION (If you checked A or D, complete the following)

7. Effective Date		8. Bond Owner's Name		9. Social Security Number	
10. Address	a. Number and Street				
	b. City or Town		c. State		d. ZIP Code
11. CHECK ONE		12. Name (First Name) (Middle Initial) (Last Name)			13. Social Security Number (Optional)
<input type="checkbox"/> CO-OWNER <input type="checkbox"/> BENEFICIARY					
14. Mail Bond To: (If other than block 8)		a. Name (First Name) (Middle Initial) (Last Name)			
		b. Number and Street		c. City or Town	d. State
				e. ZIP Code	
15. Other Action/Safekeeping					

Privacy and Paperwork Reduction Act Statements: The Treasury Department's Bureau of the Public Debt keeps records about who owns savings bonds. Please fill in the information that applies to you so that we can issue savings bonds and keep accurate records as authorized by Title 31 of the United States Code, Chapter 31. We don't disclose any information except as authorized by law.

We estimate it will take you about 01 minute to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328.

I hereby authorize the foregoing allotment from my pay for the purchase of U.S. Series EE Savings Bonds to be issued with the inscription shown on this form.

This authorization is to remain in effect until canceled by me in writing or termination of my employment.

Date	Signature
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